

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting <p> <input checked="" type="checkbox"/> IVIPS (<i>Individual record inquiries</i>) Current IVIPS number, if applicable _____ <input type="checkbox"/> Bulk vehicle/vessel records (<i>Batch process</i>) Frequency (<i>check one</i>): <input type="checkbox"/> One time <input checked="" type="checkbox"/> Periodic <input type="checkbox"/> Regular </p>																																																						
PRINT or TYPE Company/Agency name Fidelity Title Company																																																						
Contract contact/manager (IVIPS and Bulk records accounts) Christina Morehead		Signing Authority name (Bulk records accounts only)																																																				
(Area code) Phone number (509) 248-6210	Email (<i>required for IVIPS and Bulk records</i>) christina@fitico.com	(Area code) Phone number	Email (<i>required for Bulk records</i>)																																																			
Physical address of business (Number and street, City, State, ZIP code) 117 N. 4th Street, Yakima, WA 98901																																																						
Mailing address of business, if different (<i>Address or PO Box, City, State, ZIP code</i>) PO Box 1682, Yakima, WA 98907																																																						
Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 600198790																																																			
2 Provide a detailed explanation of your primary business activity (exactly what your business does) Title insurance and escrow services. Transfers of real and personal property including vehicles and manufactured homes.																																																						
3 Check all that apply to you and/or your business <table border="0"> <tr> <td><input type="checkbox"/> Attorney</td> <td><input type="checkbox"/> Lien service</td> <td><input type="checkbox"/> Service bureau for another business Provide business name: _____</td> </tr> <tr> <td><input type="checkbox"/> Auction</td> <td><input type="checkbox"/> Marina</td> <td><input type="checkbox"/> Storage facility</td> </tr> <tr> <td><input type="checkbox"/> Auto manufacturer or agent</td> <td><input type="checkbox"/> Neighborhood block watch</td> <td><input checked="" type="checkbox"/> Title/Escrow</td> </tr> <tr> <td><input type="checkbox"/> Bail bonds</td> <td><input type="checkbox"/> Newspaper or media</td> <td><input type="checkbox"/> Toll facility</td> </tr> <tr> <td><input type="checkbox"/> Bank or financing firm</td> <td><input type="checkbox"/> Non-profit organization</td> <td><input type="checkbox"/> Towing company</td> </tr> <tr> <td><input type="checkbox"/> Business</td> <td><input type="checkbox"/> Parking enforcement</td> <td><input type="checkbox"/> Transporter</td> </tr> <tr> <td><input type="checkbox"/> Commercial parking company</td> <td><input type="checkbox"/> Private investigator</td> <td><input type="checkbox"/> Union (non-profit)</td> </tr> <tr> <td><input type="checkbox"/> Credit union</td> <td><input type="checkbox"/> Process server</td> <td><input type="checkbox"/> Vehicle/Vessel dealer</td> </tr> <tr> <td><input type="checkbox"/> Data broker/Reseller</td> <td><input type="checkbox"/> Property mgmt. - Government</td> <td><input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____</td> </tr> <tr> <td><input type="checkbox"/> Debt recovery/Collection</td> <td><input type="checkbox"/> Property mgmt. - Private</td> <td><input type="checkbox"/> Other (explain) _____</td> </tr> <tr> <td><input type="checkbox"/> Employer/Prospective employer</td> <td><input type="checkbox"/> Repossession service</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> Retail/Store</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Guardianship/Trustee service</td> <td><input type="checkbox"/> School - Private</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Homeowner association</td> <td><input type="checkbox"/> School - Public</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Hospital</td> <td><input type="checkbox"/> Scrap processor or wrecker</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Hulk hauler</td> <td><input type="checkbox"/> Security services - Government</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insurance company/agent</td> <td><input type="checkbox"/> Security services - Private</td> <td></td> </tr> </table>				<input type="checkbox"/> Attorney	<input type="checkbox"/> Lien service	<input type="checkbox"/> Service bureau for another business Provide business name: _____	<input type="checkbox"/> Auction	<input type="checkbox"/> Marina	<input type="checkbox"/> Storage facility	<input type="checkbox"/> Auto manufacturer or agent	<input type="checkbox"/> Neighborhood block watch	<input checked="" type="checkbox"/> Title/Escrow	<input type="checkbox"/> Bail bonds	<input type="checkbox"/> Newspaper or media	<input type="checkbox"/> Toll facility	<input type="checkbox"/> Bank or financing firm	<input type="checkbox"/> Non-profit organization	<input type="checkbox"/> Towing company	<input type="checkbox"/> Business	<input type="checkbox"/> Parking enforcement	<input type="checkbox"/> Transporter	<input type="checkbox"/> Commercial parking company	<input type="checkbox"/> Private investigator	<input type="checkbox"/> Union (non-profit)	<input type="checkbox"/> Credit union	<input type="checkbox"/> Process server	<input type="checkbox"/> Vehicle/Vessel dealer	<input type="checkbox"/> Data broker/Reseller	<input type="checkbox"/> Property mgmt. - Government	<input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____	<input type="checkbox"/> Debt recovery/Collection	<input type="checkbox"/> Property mgmt. - Private	<input type="checkbox"/> Other (explain) _____	<input type="checkbox"/> Employer/Prospective employer	<input type="checkbox"/> Repossession service		<input type="checkbox"/> Government	<input type="checkbox"/> Retail/Store		<input type="checkbox"/> Guardianship/Trustee service	<input type="checkbox"/> School - Private		<input type="checkbox"/> Homeowner association	<input type="checkbox"/> School - Public		<input type="checkbox"/> Hospital	<input type="checkbox"/> Scrap processor or wrecker		<input type="checkbox"/> Hulk hauler	<input type="checkbox"/> Security services - Government		<input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Security services - Private	
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4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

If parties to a transaction cannot locate an original title for a vehicle/vessel that is to be transferred at closing, we need to verify the registered/legal owners are in fact our parties prior to proceeding with closing and using the lost title affidavit forms.

Example: Mr. Brown owns real property and is selling it including a manufactured home which is on the real property. Mr. Brown does not have the title. We would search to verify Mr. Brown owns the home prior to allowing him to sign transfer documents.

5 Rediscovery and/or selling of information

Will you sell or provide the information to anyone else? Sell Provide No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

Real property owner. Information would only be provided to a real property owner in the case that they are not in fact also the personal property owner.

Example: From above, if Mr. Brown is not the owner of the manufactured home that sits on his real property, we would provide him with the name of the owner.

The release and rediscovery of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

Our company is in compliance with Best Practices and complies with all legal requirements regarding privacy and personal information. Information will only be provided to owners and/or owners of real property affected by a manufactured home on their property.

How will you provide the information to recipients? Explain.

We will provide the recipients with copies of all documents we obtain during our search of public records.

6 Owner contact

Will you contact the vehicle/vessel owner? Yes No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

If the owner is our client we will be in contact with them prior to this request. If owner is not our client, we will not contact them.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? Yes No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? Yes No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? Yes No

B Check all that apply

I represent a government agency. Agency name: _____
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? Yes No

I represent a Washington State business. Attach legible copies of:
• your current business license
• any/all professional licenses that you possess

I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
• your current business license
• a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

I am a process server. Attach legible copies of:
• your current business license
• any/all professional licenses that you possess
• registration for county jurisdictions

I represent a non-profit organization or corporation.
1. Attach a legible copy of one of the following:
• Your Articles of Incorporation, filed with the Secretary of State
• Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
• Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

I represent a data broker/reseller – attach a legible copy of your current business license.
IVIPS applicants must also include:
• subscriber roster (provided on page 4)
• subscriber agreements

I am an attorney.* Attach legible copies of:
• your current business license
• your current bar card

I am a private investigator.* Attach legible copies of:
• your current Private Investigator license
• your current business license

*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Essex officer
Title

X E. K. Menehan
Signature

2/1/16 Unkown
Date and place (county) signed

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

OIC online services login information:

User ID: BUS13067
Registered email address: jpkissling@fitico.com
Next expiry date: 03/01/2017

Remember, all licensing processes must be completed online.

Contact us via:

Email: licinfo@oic.wa.gov
Phone: 360-725-7144
Fax: 360-586-2019
Postal mail: P.O. Box 40257
Olympia, WA 98504-0257

Visit our website: <http://www.insurance.wa.gov/for-producers/>

Make sure you are familiar with insurance license compliance laws and rules at:

<http://www.insurance.wa.gov/for-producers/new-licensee/welcome/>

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State of Washington
OFFICE OF THE INSURANCE COMMISSIONER

* * * TITLE LICENSE * * *

WAOIC # : 13067

THE LICENSEE IS AUTHORIZED TO SELL THE FOLLOWING
LINES OF INSURANCE:

Title

EFFECTIVE : 08/26/1976

THIS LICENSE MUST BE ACCOMPANIED BY A CURRENT
APPOINTMENT CERTIFICATE FOR EACH INSURER
REPRESENTED.

EXPIRES : 03/01/2017

FIDELITY TITLE COMPANY

DBA SCHREINER TITLE COMPANY

POB 1682

YAKIMA WA 98907

NON-TRANSFERABLE

J. Lee Kreiller
INSURANCE COMMISSIONER

OIC online services login information:

User ID: BUS13067
Registered email address: jpkissling@fitico.com
Next expiry date: 03/01/2017

Remember, all licensing processes must be completed online.

Contact us via:

Email: licinfo@oic.wa.gov
Phone: 360-725-7144
Fax: 360-586-2019
Postal mail: P.O. Box 40257
Olympia, WA 98504-0257

Visit our website: <http://www.insurance.wa.gov/for-producers/>

Make sure you are familiar with insurance license compliance laws and rules at:

<http://www.insurance.wa.gov/for-producers/new-licensee/welcome/>

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APPOINTMENT CERTIFICATE FOR EACH INSURER

FIDELITY TITLE COMPANY

REPRESENTED.

POB 1682

YAKIMA WA 98907

NON-TRANSFERABLE

D. L. Kruehl
INSURANCE COMMISSIONER

LEGAL ENTITY REGISTRATION

Unified Business ID #: 600 198 790
Business ID #: 1

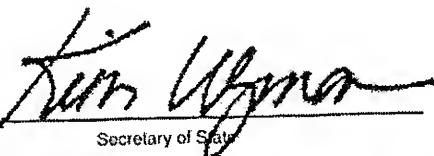
Expires: 03-31-2016

FIDELITY TITLE COMPANY
117 N 4TH ST
YAKIMA WA 98901 2706

Domestic Profit Corporation
Renewed by Authority of Secretary of State

REGISTERED TRADE NAMES:
SCHREINER TITLE COMPANY

By accepting this document the licensee certifies that information provided on the renewal was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.



Kim Wyman
Secretary of State